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SUBJECT: PUSHING A BIG ROCK UP A STEEP HILL: UNFPA TRIES TO IMPROVE REPRODUCTIVE HEALTH IN UPPER BURMA

11. (SBU) Summary: The UNFPA's three-day tour through upper Burma in mid-October for members of the diplomatic community and INGOs presented a microcosm of life today in this country: a graceful, capable people burdened by a Government that takes decisions based on its own interests. End Summary

12. (U) The United Nations Population Fund's (UNFPA) local representative (Najib Assifi--Afghan) organized and led a October 11-13 trip to Upper Burma (Mandalay, Monywa, Amarapura, and surrounding villages) for members of the diplomatic corps from Rangoon and Bangkok, including poloff. The Director of Southeast Asian affairs in the Danish Foreign Ministry in Copenhagen also participated, as did representatives of Rangoon-based INGOs working on public health issues.

Expanded UNFPA Program in Burma.....

13. (U) The UNFPA organized the trip to showcase its assistance for improved reproductive health in rural areas, and to gain additional donor support. In September 2001, the Fund's Executive Board approved an expanded assistance program for Burma, 2002-2005, which aims to reduce maternal mortality, and to prevent the spread of HIV/AIDS. The Board approved a special budget of USD 20 million for UNFPA over the four-year life of the expanded program, thereby doubling the amount of assistance (USD 10 million) that UNFPA Burma had provided during the '90s. However, UNFPA Headquarters in New York has provided only USD 12 million of the expanded budget. The local office is expected to raise the balance.

14. (U) Toward those ends, the Fund took the group to nine separate medical facilities around Mandalay and Monywa--four hours apart over a rough, washed out road--that it supports with information about HIV/AIDS, birth control (including distribution of condoms and advocacy for their use); and other aspects of reproductive health, including "birth spacing" (note: The Government advocates a pro-natal policy which precludes "family planning.") UNFPA Burma has extended its support for such programs to facilities in 94 townships in 2004, and hopes to reach 100 townships by next year (note: There are 324 recognized townships in Burma.) The UNFPA's resident representative estimates that his agency's assistance programs currently reach 15-20% of the relevant population in the participating townships. Rather than trying to expand beyond the targeted communities, he hopes to increase the numbers of people that draw on the assistance available in the participating communities.

.....Has Produced Positive Results....

15. (U) At several of the sites visited, smiling Burmese teens and twenty-somethings proclaimed the values of "safe sex" through condom use. A villager informed the visitors that he and his wife had seven grown children, one of whom promptly stood up and proclaimed loudly that she did not want to have more than three children. At a youth center supported by the UNFPA, and endorsed by the regional military commander, a mixed group of young people performed a play that concluded with the hero confiding sadly to his friend that he was HIV-positive following an encounter with a prostitute. The hundreds of villagers who watched the performance with the UNFPA-sponsored group smiled, frowned, and clapped at the appropriate times. Some of this was surely staged. However, the messages were clear and seemingly well received. At the very least, the activity provided a positive environment for youth with little else to do.

16. (U) The UNFPA's guests also received briefings on training programs for midwives, assistant midwives, and "Community Support Groups." Members of the latter were said to be ordinary villagers who, following one or two days of training, are capable of serving as liaisons between villagers and medical facilities in larger villages and townships. At the Women's Medical Center in Mandalay, an energetic British nurse sponsored by the WHO showed the visiting group how she taught Burmese midwives to get women into the most comfortable positions to give birth. The trainees were on the floor of a hospital for this purpose as the group entered the training facility.

.....But Probably Not Enough

17. (SBU) The obstacles to improving health care in rural Burma, however, are enormous. Maternal mortality rates in the country are currently around 60 per 1,000 births, 90 per 1,000 in more remote areas. Data are hard to verify, but some 80 percent of all births are thought to occur in homes. Morbidity rates while giving birth are considerably lower among women in the major urban areas, but the Government's capacity to provide medical care of any kind to village dwellers is limited. The political will to do so in the ethnic areas is even more tenuous. For example, a German doctor based in Rangoon with "Malteser Germany" (INGO with home office in Cologne) bemoaned the extreme lack of medical care in Northern Rakhine State during an earlier conversation with poloff, telling the latter that an entire generation of Muslim youth in that state is growing up malnourished.

18. (SBU) The structure is not in place within the Burmese Government to address these problems. One of the Burmese doctors who briefed the UNFPA-organized group said, in response to a question, that he received a salary of kyat 8,000 per month (approximately eight USD). He also said he is one of three doctors serving a population of 150,000. Another Burmese doctor, currently the head of surgery in Mandalay and an outspoken critic of the SPDC, told poloff privately on the margins of the official trip that the GoB has diluted and shortened medical training so much that it will adversely affect the quality of care in the future.

Beggar Thy Neighbor.....

19. (SBU) Burma's neighbors are not helping. In some cases, they are part of the problem. The Malaysian Ambassador to Burma confided that his government had recently reached official agreement with the GoB to bring 100 qualified Burmese doctors--including ten specialists--to Malaysia on three-year assignments. This would be mutually beneficial, stressed the Ambassador: the Burmese doctors will make good salaries while working in modern facilities and the Malaysian Government will be able to offer more health care to its citizens living in rural areas. Moreover, added the Ambassador, the Malaysian Embassy in Rangoon is issuing some 120 visas to Burmese citizens every day to take up jobs in Malaysia. Rangoon-based recruiters identify prospective staff to meet requirements sent by needy employers in Malaysia.

.....While the Government Looks On

110. (SBU) Army troops, including military intelligence officials, and police were much in evidence throughout the October 11-13 trip. In addition, members of the Myanmar Maternal and Child Welfare Association (MMCWA), a GONGO run by Burmese military wives, played a prominent part in the group's program. During a visit to a MMCWA facility supported by the UNFPA in Amarapura, a local MMCWA official said her organization had a total of 3.79 million members countrywide. The MMCWA has a staff member assigned to the UNFPA's office in Rangoon to help direct the agency's assistance projects.

111. (SBU) Final Comments: The UNFPA trip was, in several ways, a microcosm of life today in Burma. For three days, members of the group saw a graceful, capable people, willing and able to employ foreign assistance to good advantage; and an international organization that is trying hard to contribute to improved living conditions. These developments are taking place under a government that controls--for its own benefit--the way the assistance is delivered while not supporting the related processes and doing little to contribute to the longer-term goals. The overall result is a declining standard of living and increasingly depleted populus.

Martinez